

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

Attorney's Docket No.
34250-55

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INSTANTANEOUS POLARIZATION MEASUREMENT SYSTEM AND METHOD

the specification of which (check only one item below)

is attached hereto

was filed as United States application

Serial No.

on

and was amended

on (if applicable).

was filed as PCT international application

Number

on

and was amended under PCT Article 19

on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Attorney's Docket No.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at *Cohen, Pontani, Lieberman & Pavane* to prosecute this application and transact all business in the Patent and Trademark Office connected therewith

Customer number 27799

Send correspondence to *Cohen, Pontani, Lieberman & Pavane* at the address for the following customer Number: 27799

Direct Telephone calls to:
(name and telephone number)
Lance J. Lieberman
(212) 687-2770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FAMILY NAME SHRIBAK	FIRST GIVEN NAME Mykhailo	SECOND GIVEN NAME
2 0 1	RESIDENCE, CITIZENSHIP	CITY Woods Hole	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP Ukraine
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 19 Harbor Hill Road	CITY Woods Hole	STATE & ZIP CODE/COUNTRY MA 02543
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME OLDENBOURG	FIRST GIVEN NAME Rudolf	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Falmouth	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 594 West Falmouth Hwy	CITY Falmouth	STATE & ZIP CODE/COUNTRY MA 02540
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME CRONIN	FIRST GIVEN NAME Paul	SECOND GIVEN NAME J.
	RESIDENCE, CITIZENSHIP	CITY Charlestown	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP Australia
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 286 Bunker Hill St.	CITY Charlestown	STATE & ZIP CODE/COUNTRY MA 02129
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME HOYT	FIRST GIVEN NAME Clifford	SECOND GIVEN NAME C.
	RESIDENCE, CITIZENSHIP	CITY Somerville	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 51 Foskett Rd	CITY Somerville	STATE & ZIP CODE/COUNTRY MA 02144
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME MILLER	FIRST GIVEN NAME Peter	SECOND GIVEN NAME J.
	RESIDENCE, CITIZENSHIP	CITY Newburyport	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 146 High Street	CITY Newburyport	STATE & ZIP CODE/COUNTRY MA 01950
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 <i>Paul J. Crans</i>
DATE	DATE	DATE <i>7/8/03.</i>
SIGNATURE OF INVENTOR 204 <i>Jefford Cefosz</i>	SIGNATURE OF INVENTOR 205 <i>JM</i>	SIGNATURE OF INVENTOR 206
DATE <i>7/8/03</i>	DATE <i>7/8/03</i>	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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Customer number 27799

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SIGNATURE OF INVENTOR 204 <i>M. Shri Boz</i>	SIGNATURE OF INVENTOR 202 <i>R. C. Leinenburg</i>	SIGNATURE OF INVENTOR 203
DATE <i>July 8, 2003</i>	DATE <i>8 July 2003</i>	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		